STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` 'c			B) DATE SURVEY COMPLETED	
,	o. co		A. BUILDING:	01			
		HAL060049	B. WING		04/2	2/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BROOK	DALE CARRIAGE CLU	IR PROVIDENCE	PROVIDEN				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	conducted by Greg Based on Informati facility was first lice licensure on or abo Thirty-Four (34) Sp Based on this infort to meet the 1996 H Disabled- Minimum the 1996 Edition of Building Code, Sec Unrestrained Occur	pancy; and the applicable 5 Rules for Licensing of Adult					
C 164	64 Housekeeping and Furnishings-Clean, Repaired		C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND					
	This Rule is not me 1- Based on observ maintain the ceiling	vations, the facility has failed to					
	Findings include:						
	uplifted and not set places, cracked, ch	throughout the facility are well into the grid and in many ipped, or broken. Specific but are not limited to:					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	TRUCTION (X3) DATE SURV COMPLETEI	
			, DOILDING.			
		HAL060049	B. WING		04/2	2/2015
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
BROOKE	DALE CARRIAGE CLU	IR PROVIDENCE	PROVIDEN TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 1	C 164			
	1- 1st Floor Re 2- At the smoke 3- Laundry	stroom e doors near Room 122				
		vations, the facility has failed to g in a clean manner.				
	Findings include:					
	a- Many of the door and lint around ther	r frames have a coating of dust m.				
	3- Based on observ	vations, the facility has failed to free of odors.				
	Findings include:					
		ooms, there was a distinct ude, but not limited to:				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	This Rule is not me 1- Based on observe maintain the building	ation, the facility has failed to				
	Findings include:					

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_	B. WING					
_	J. WING					
STREET ADDRE			04/22	2/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5816 OLD PROVIDENCE ROAD						
BROOKDALE CARRIAGE CLUB PROVIDENCE CHARLOTTE, NC 28226						
BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE		
	C 166					
exhaust ver, allowing d and settle d.						
lectrical, t in an adult afe and existing aph (e) ties. y: failed to on systems e EXIT signs	C 189					
	CHARLOTT ICIES D BY FULL RMATION) Ins, the Dws from Is been It to open the Pand floor Ideare not I exhaust I yer, allowing I and settle I d.	CHARLOTTE, NC 282 ICIES ID PREFIX TAG C 166 Ins, the lows from is been in to open the 2nd floor are not exhaust in an adult in adult i	ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO HOUSE ACTION SHOULD	CHARLOTTE, NC 28226 ICIES PUPI LILL RIMATION) DEFINITION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 166 Ins., the pws from so been it to open the 2nd floor are not exhaust yer, allowing d and settle d. Deficial, it in an adult are and existing aph (e) ties. Y: y: y: y: y: failed to on systems		

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		HAL060049	B. WING		04/2	22/2015
	PROVIDER OR SUPPLIER	IB PROVIDENCE 5816 OLD	DDRESS, CITY, S D PROVIDEN TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
C 189	not limited to: 1- 2nd Floor ne 2- 2nd Floor at 3- 2nd Floor at Based on observati maintain the HVAC operating condition Findings include:	ear the Mechanical Room the Activity Room the Kitchen ons, the facility has failed to system in a safe and	C 189			

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